

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

ADDRESS (number and street)

655 Beach Street

☐ Check if different than previously reported. (ACC)

San Francisco

CA

94109

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00196246

3. IS THIS REPORT ☒ NEW (N) OR ☐ AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- ☐ April 15 Quarterly Report (Q1)
☐ July 15 Quarterly Report (Q2)
☐ October 15 Quarterly Report (Q3)
☐ January 31 Year-End Report (YE)
☐ July 31 Mid-Year Report (Non-election Year Only) (MY)
☐ Termination Report (TER)

- (b) Monthly Report Due On: ☐ Feb 20 (M2) ☐ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11) (Non-Election Year Only)
☐ Mar 20 (M3) ☒ Jun 20 (M6) ☐ Sep 20 (M9) ☐ Dec 20 (M12) (Non-Election Year Only)
☐ Apr 20 (M4) ☐ Jul 20 (M7) ☐ Oct 20 (M10) ☐ Jan 31 (YE)

- (c) 12-Day ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R)
PRE-Election Report for the: ☐ Convention (12C) ☐ Special (12S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the State of

- (d) 30-Day ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)
POST-Election Report for the:

Election on

M M M / D D D / Y Y Y Y Y Y

in the State of

5. Covering Period 05 / 01 / 2013 through 05 / 31 / 2013

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Steven Rausch

Signature of Treasurer

Steven Rausch

[Electronically Filed]

Date

06

03

2013

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only

FEC FORM 3X
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y 05 / 01 / 2013 To: M M / D D / Y Y Y Y Y Y 05 / 31 / 2013

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2013		292506.39
(b) Cash on Hand at Beginning of Reporting Period.....	401097.92	
(c) Total Receipts (from Line 19)	25710.25	320921.52
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	426808.17	613427.91
7. Total Disbursements (from Line 31)	37216.51	223836.25
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	389591.66	389591.66
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Report Covering the Period:

From:

M M / D D / Y Y Y Y Y
05 01 2013

To:

M M / D D / Y Y Y Y Y
05 31 2013
I. Receipts
COLUMN A
Total This Period
COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

18797.11

261772.91

(ii) Unitemized

3413.14

55648.61

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

22210.25

317421.52

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ▶

22210.25

317421.52

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

3500.00

3500.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

25710.25

320921.52

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ▶

25710.25

320921.52

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	216.51	1191.83
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	216.51	1191.83
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	35000.00	219000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	2000.00	3644.42
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	2000.00	3644.42
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	37216.51	223836.25
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	37216.51	223836.25

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	22210.25	317421.52
34. Total Contribution Refunds (from Line 28(d))	2000.00	3644.42
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	20210.25	313777.10
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	216.51	1191.83
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	216.51	1191.83

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 34

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Aaron Appiah

Mailing Address 2280 Wednesday St

City

Tallahassee

State

FL

Zip Code

32308-4387

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

05 / 06 / 2013

Transaction ID : F01079F5-8BA6-44B5-8

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Amin Ashrafzadeh

Mailing Address 1741 Coffee Rd

City

Modesto

State

CA

Zip Code

95355-2807

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 06 / 2013

Transaction ID : 28A7488D-60B7-489C-8

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Thomas Beardsley

Mailing Address 8 Medical Park Dr

City

Asheville

State

NC

Zip Code

28803-2493

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 10 / 2013

Transaction ID : 3A52D04E-FB28-4F4A-8

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1865.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 34

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Robert Block

Mailing Address 12 Curtis St

City State Zip Code
Meriden CT 06450-5900

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 12 / 2013

Transaction ID : 4D5CA66148B821CEC3EF

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Beth Bruening

Mailing Address 3710 North Westshore Drive

City State Zip Code
North Sioux City SD 57049

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 08 / 2013

Transaction ID : 300FDFFD-B6EC-4A92-A

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Frank Burns

Mailing Address 13324 Shelbyville Rd.

City State Zip Code
Louisville KY 40223

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.99

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 15 / 2013

Transaction ID : 00EECCBE-6BA7-42B5-A

Amount of Each Receipt this Period

83.33

SUBTOTAL of Receipts This Page (optional)..... ►

1125.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 34
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Edward Cherney

Mailing Address 2311 Pierce Ave
Rm 2250

City State Zip Code
Nashville TN 37232-0025

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 02 / 2013

Transaction ID : 04A08EB6-DAAF-4C06-9

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Donald Cinotti

Mailing Address 600 Pavonia Ave
6th Fl

City State Zip Code
Jersey City NJ 07306-2932

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 01 / 2013

Transaction ID : 40BBD044-10FA-4284-B

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. S. William William Clark

Mailing Address 502 Isabella St

City State Zip Code
Waycross GA 31501-3638

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1041.65

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 15 / 2013

Transaction ID : 526BAFB8-53D9-4269-B

Amount of Each Receipt this Period

208.33

SUBTOTAL of Receipts This Page (optional)..... ►

1708.33

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 34
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. R. Doug Davis

Mailing Address 30114 Torrey Pines Circle

City State Zip Code
Georgetown TX 78628-1100

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 05 / 2013

Transaction ID : 11DFA6E9-E798-4614-9

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Aspasia Draga

Mailing Address 115 Malba Dr

City State Zip Code
Malba NY 11357

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

05 / 15 / 2013

Transaction ID : BEA5317F-2191-4D88-A

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Robert Dundervill

Mailing Address PO Box 3970

City State Zip Code
Charleston WV 25339-3970

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 28 / 2013

Transaction ID : D4094E41-C726-4662-B

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2365.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 34

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Michael Elman

Mailing Address Ste 310

9114 Philadelphia Rd

City

Baltimore

State

MD

Zip Code

21237-4350

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1152.10

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 01 / 2013

Transaction ID : 2E5020CC-277C-4B09-8

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

B. Stan Feil

Mailing Address Ste A

112 N Akers St

City

Visalia

State

CA

Zip Code

93291-5121

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 01 / 2013

Transaction ID : 00D7BA0C-C966-4226-B

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

C. John Hagan

Mailing Address 9401 N Oak Trfy Ste 200

City

Kansas City

State

MO

Zip Code

64155-3393

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 15 / 2013

Transaction ID : 7F418EB0-7B18-4988-9

Amount of Each Receipt this Period

83.33

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

155.42

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. John Hinrichsen

Mailing Address 10200 Westwind Dr

City

Shreveport

State

LA

Zip Code

71106-8230

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

05 / 02 / 2013

Transaction ID : 08808D92-27A5-4A3C-8

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. David Hunt

Mailing Address Ste 301

331 Laidley St

City

Charleston

State

WV

Zip Code

25301-1605

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 17 / 2013

Transaction ID : C76DC8BD-4179-4FCA-A

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. David Hunter

Mailing Address 300 Longwood Ave

City

Boston

State

MA

Zip Code

02115-5724

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

05 / 15 / 2013

Transaction ID : 1358B0A0-3035-4A69-B

Amount of Each Receipt this Period

41.67

SUBTOTAL of Receipts This Page (optional)..... ►

1406.67

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 34

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Jeffrey Ward Kalenak

Mailing Address 2600 N Mayfair Rd
Ste 600

City Milwaukee State WI Zip Code 53226-1374

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 20 / 2013

Transaction ID : 899848FD-2F53-4E03-8

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Martin Kaplan

Mailing Address Southdale Eye Clinic
6533 Drew Ave S

City Edina State MN Zip Code 55435

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

05 / 20 / 2013

Transaction ID : FF4E93DE-E0D8-4660-9

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Judith Kirby

Mailing Address 4209 Bordeaux Ave

City Dallas State TX Zip Code 75205

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

05 / 15 / 2013

Transaction ID : 308B2D87-E3D4-48FA-9

Amount of Each Receipt this Period

83.33

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

948.33

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Dennis Kontra

Mailing Address 5802 Washington Ave Ste 102

City State Zip Code
 Racine WI 53406-4050

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 06 / 2013

Transaction ID : B4B3CE76-3C08-4EF2-A

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Pete Lagouros

Mailing Address 8921 N Wood Sage Rd

City State Zip Code
 Peoria IL 61615-7822

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 15 / 2013

Transaction ID : 1B29405F-43B2-40F1-9

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Wayne Larrison

Mailing Address 46 Prince St Ste 203

City State Zip Code
 New Haven CT 06519-1600

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 30 / 2013

Transaction ID : 14DB987F-CBBA-495D-8

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Russell Leboyer

Mailing Address 9630 N. Kenton Ave

City
Skokie

State
IL

Zip Code
60076-1231

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

05 / 07 / 2013

Transaction ID : 3A985823-11E9-4B11-9

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Jay Harris Levy

Mailing Address 184 NE 168th St

City

North Miami Beach

State

FL

Zip Code

33162-3412

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

05 / 10 / 2013

Transaction ID : 4070A26D1B7B6359A12B

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. Benjamin Mason

Mailing Address 1110 Eagle Ridge Rd

City

Cedar Falls

State

IA

Zip Code

50613-1514

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

05 / 15 / 2013

Transaction ID : E106A387-2523-43AA-8

Amount of Each Receipt this Period

41.67

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

490.01

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Raj Maturi

Mailing Address 200 W 103rd St
Ste 1060

City Indianapolis State IN Zip Code 46290-1001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

05 / 26 / 2013

Transaction ID : 4C0E9F8611A2A52C8560

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Gary Mehlhorn

Mailing Address 1135 E Lakewood St
Ste 104

City Springfield State MO Zip Code 65810-2403

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

05 / 20 / 2013

Transaction ID : 43CE915C442B3DF3FE88

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. Robert Melendez

Mailing Address 735 Grey Hawk Dr NE

City Rio Rancho State NM Zip Code 87144-4709

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.69

Date of Receipt

05 / 01 / 2013

Transaction ID : 877C2AC5-8D2E-4960-8

Amount of Each Receipt this Period

41.67

SUBTOTAL of Receipts This Page (optional)..... ►

208.35

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Robert Melendez

Mailing Address 735 Grey Hawk Dr NE

City State Zip Code
 Rio Rancho NM 87144-4709

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.69

Date of Receipt

M M / D D / Y Y Y Y Y
 05 / 31 / 2013

Transaction ID : FDCCBDA5-EB4C-440B-9

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Michael Edward Edward Migliori

Mailing Address 120 Dudley St Ste 301

City State Zip Code
 Providence RI 02905-2429

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.66

Date of Receipt

M M / D D / Y Y Y Y Y
 05 / 01 / 2013

Transaction ID : 638FCCA1-8935-457F-9

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

C. Amalia Miranda

Mailing Address Bldg A # 700
 3435 NW 56th St

City State Zip Code
 Oklahoma City OK 73112-4442

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

798.32

Date of Receipt

M M / D D / Y Y Y Y Y
 05 / 01 / 2013

Transaction ID : 05261BBC-F9AE-4047-A

Amount of Each Receipt this Period

83.33

SUBTOTAL of Receipts This Page (optional)..... ►

208.33

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Paul Moyer

Mailing Address 520 Bruton Cir

City

Kettering

State

OH

Zip Code

45429-1624

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 03 / 2013

Transaction ID : 7F35E949-BBA5-41B6-9

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Scott Murphy

Mailing Address 5202 Faraon St

City

St Joseph

State

MO

Zip Code

64501

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 06 / 2013

Transaction ID : 57410197-16CE-42EA-9

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Sok Nam

Mailing Address 4278 W 3rd St

City

Los Angeles

State

CA

Zip Code

90020-3449

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

249.99

Date of Receipt

05 / 15 / 2013

Transaction ID : CBAF7EA0-DC1B-4B73-8

Amount of Each Receipt this Period

83.33

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1083.33

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Brenda Pagan-Duran

Mailing Address 45 Twin Brooks Rd

City

Saddle River

State

NJ

Zip Code

07458-3322

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 01 / 2013

Transaction ID : 690D5252-5EE4-42EB-8

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Julie Perry

Mailing Address Ste 200

999 Adams St

City

St Helena

State

CA

Zip Code

94574-1171

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

208.35

Date of Receipt

05 / 01 / 2013

Transaction ID : CA9A862F-C79B-488F-B

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

C. Mark Peters

Mailing Address Ste 100

2525 NW Lovejoy St

City

Portland

State

OR

Zip Code

97210-2861

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

05 / 06 / 2013

Transaction ID : 12FA94EF-2360-4404-8

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

906.67

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Lawrence Piazza

Mailing Address PO Box 1539

City State Zip Code
Blue Hill ME 04614-1539

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.33

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 01 / 2013

Transaction ID : F947A51C-C1FC-4E13-B

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

B. Dustin Pomerleau

Mailing Address 195 Fore River Pkwy Ste 480

City State Zip Code
Portland ME 04102-2787

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 15 / 2013

Transaction ID : 2222BF8E-8562-4A5C-B

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

C. Jonathan Primack

Mailing Address 4 Bobolink Dr

City State Zip Code
Wyomissing PA 19610-2806

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 02 / 2013

Transaction ID : 5579BBBB-EF9C-4ED1-8

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

523.33

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Mary Gina Ratchford

Mailing Address 67 Balfour Dr

City

West Hartford

State

CT

Zip Code

06117-2936

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

05 / 06 / 2013

Transaction ID : D579EC23-64E8-42A3-8

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Lawrence Ronning

Mailing Address 6046 Whipple Avenue

City

North Canton

State

OH

Zip Code

44720

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 13 / 2013

Transaction ID : A925962B-A39F-4469-9

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. David Shulman

Mailing Address Ste 127

999 E Basse Rd

City

San Antonio

State

TX

Zip Code

78209-1802

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.66

Date of Receipt

05 / 15 / 2013

Transaction ID : 148934F5-23B9-4B4F-8

Amount of Each Receipt this Period

83.33

SUBTOTAL of Receipts This Page (optional)..... ►

698.33

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Roger Steinert

Mailing Address 118 I

City State Zip Code
 Irvine CA 92697-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

05 / 21 / 2013

Transaction ID : 4D87B0B2A19A1E7F1921

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Cameron Stone

Mailing Address 21 Medical Park Dr

City State Zip Code
 Asheville NC 28803-2493

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 15 / 2013

Transaction ID : ABEC99E2-BAD6-4C14-B

Amount of Each Receipt this Period

208.33

Full Name (Last, First, Middle Initial)

C. Joseph Walsh

Mailing Address NY Eye & Ear Infirmary
 310 E 14th St

City State Zip Code
 New York NY 10003

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 08 / 2013

Transaction ID : 929E7414-893B-4660-9

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

541.67

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Barry Welch

Mailing Address 424 Yellowstone Ave
Ste 110

City State Zip Code
Cody WY 82414-9309

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 13 / 2013

Transaction ID : 4FB087816A8201E9FAD7

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Amy Wexler

Mailing Address 509 S Lenola Rd
Ste 11

City State Zip Code
Lenola NJ 08057

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 06 / 2013

Transaction ID : 6E2730A0-C966-409B-A

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Maynard Wheeler

Mailing Address 827 Covered Bridge Lane
PO Box 538

City State Zip Code
Grantham NH 03753-0538

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 08 / 2013

Transaction ID : F6FCC8FE-9D56-4A19-A

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

813.34

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Jeffrey Whitman

Mailing Address Ste 400

2801 Lemmon Ave

City

Dallas

State

TX

Zip Code

75204-2399

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.65

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 15 / 2013

Transaction ID : 3B20AE6C-898E-481C-B

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

B. Stephen Wilmarth

Mailing Address 1830 Sierra Gardens Ste 100

City

Roseville

State

CA

Zip Code

95661

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 01 / 2013

Transaction ID : FBA5E28C-30BB-4393-B

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Robert Wing

Mailing Address Ste 340

1551 Renaissance Towne Dr

City

Bountiful

State

UT

Zip Code

84010-7670

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 23 / 2013

Transaction ID : E85BF45D-F9A7-44A0-9

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

883.33

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Jeremy Wolfe

Mailing Address 3535 W 13 Mile Rd
Ste 344

City State Zip Code
Royal Oak MI 48073-6770

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

458.35

Date of Receipt

05 / 01 / 2013

Transaction ID : F3FD617725CD4A11AA08

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

B. Jeremy Wolfe

Mailing Address 3535 W 13 Mile Rd
Ste 344

City State Zip Code
Royal Oak MI 48073-6770

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

458.35

Date of Receipt

05 / 21 / 2013

Transaction ID : 4696827F27798CA7A2C4

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. Rumei Yuan

Mailing Address 6A Bluebird Ln

City State Zip Code
Huntington NY 11743-6502

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 13 / 2013

Transaction ID : 916437DA-629D-4EC3-9

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

666.67

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Charles Zacks

Mailing Address FI 2

15 Lowell St

City

Portland

State

ME

Zip Code

04102

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 04 / 2013

Transaction ID : 5C94FE78-CD CD-4D3D-B

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

200.00

18797.11

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☒ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Friends of Max Baucus

Mailing Address PO Box 586

City

Helena

State

MT

Zip Code

59624

FEC ID number of contributing
federal political committee.

C

C00328211

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 22 / 2013

Transaction ID : 0435331098F446A38F3B

Amount of Each Receipt this Period

1000.00

Returned funds

Full Name (Last, First, Middle Initial)

B. Luke Messer for Congress

Mailing Address PO Box 917

City

Shelbyville

State

IN

Zip Code

46176

FEC ID number of contributing
federal political committee.

C

C00460667

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 15 / 2013

Transaction ID : 5E17DFCC79724DF1BD46

Amount of Each Receipt this Period

2500.00

Returned funds

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3500.00

3500.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 27 OF 34

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Wells Fargo Bank N.A.

Mailing Address PO Box 63020

City San Francisco State CA Zip Code 94163

Purpose of Disbursement
AMEX charges - May 2013

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 31 / 2013

Transaction ID : 086D02E1BE5013378DC

Amount of Each Disbursement this Period

11.99

Full Name (Last, First, Middle Initial)

B. Wells Fargo Bank N.A.

Mailing Address PO Box 63020

City San Francisco State CA Zip Code 94163

Purpose of Disbursement
Bank charges - May 2013

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 31 / 2013

Transaction ID : 9BD7EB3BB920575FA91

Amount of Each Disbursement this Period

204.52

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

216.51

216.51

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 28 OF 34

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Andy Harris for Congress

Mailing Address PO Box 604

City	State	Zip Code
Bel Air	MD	21014

Purpose of Disbursement
2014 Primary

011

Candidate Name

Andrew P. HarrisCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: MD District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		09		2013

Transaction ID : 4E7E8D082F28F8F19

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Congressman Waxman Campaign Committee

Mailing Address 6380 Wilshire Blvd., #1612

City	State	Zip Code
Los Angeles	CA	90048

Purpose of Disbursement
2014 Primary

011

Candidate Name

Henry A. WaxmanCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 33

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		29		2013

Transaction ID : D3DFC89879B2413E73D

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Dave Camp for CongressMailing Address 5915 Eastman Avenue
Suite 100

City	State	Zip Code
Midland	MI	48640-6824

Purpose of Disbursement
2014 Primary

011

Candidate Name

David Lee CampCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		09		2013

Transaction ID : 68806258345B2E8B62E

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

6000.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 29 OF 34

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. David Scott for Congress

Mailing Address PO Box 960821

City	State	Zip Code
Riverdale	GA	30296

Purpose of Disbursement
2014 Primary

011

Candidate Name

David Albert Scott

Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: GA District: 13

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		09		2013

Transaction ID : 41995BED76B08FDCD85

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Guthrie for Congress

Mailing Address PO Box 9639

City	State	Zip Code
Bowling Green	KY	42102-9639

Purpose of Disbursement
2014 Primary

011

Candidate Name

S. Brett Guthrie

Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: KY District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		09		2013

Transaction ID : D70E4571533C43E889B

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Johnson for Congress

Mailing Address PO Box 14496

City	State	Zip Code
Poland	OH	44514

Purpose of Disbursement
2014 Primary

011

Candidate Name

Bill Johnson

Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: OH District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		09		2013

Transaction ID : 5F0D74F43A0ECBB731C

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

4500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 30 OF 34

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Kind for Congress Committee

Mailing Address 205 5th Avenue South

City La Crosse	State WI	Zip Code 54601
-------------------	-------------	-------------------

Purpose of Disbursement
2014 Primary

011

Candidate Name

Ron Kind

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: WI District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	29	/	2013

Transaction ID : CBC557F3E9A7EE91AEF

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Levin for Congress

Mailing Address PO Box 37

City Roseville	State MI	Zip Code 48066
-------------------	-------------	-------------------

Purpose of Disbursement
2014 Primary

011

Candidate Name

Sander M. Levin

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District: 09

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	01	/	2013

Transaction ID : E0541C6E4C55B8D3F2C

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Lincoln PAC

Mailing Address PO Box A3968

City Chicago	State IL	Zip Code 60690
-----------------	-------------	-------------------

Purpose of Disbursement
2013 Contribution

011

Candidate Name

Lincoln PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2013
☐ Primary ☐ General
☒ Other (specify) ▼ Contribution

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	29	/	2013

Transaction ID : F0D93117493068B7129

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 31 OF 34

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Lone Star Leadership PAC

Mailing Address PO Box 30844

City	State	Zip Code
Bethesda	MD	20824

Purpose of Disbursement
2013 Contribution

Candidate Name

Lone Star Leadership PACOffice Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2013

☐ Primary ☐ General
☒ Other (specify) ▼

State: District:

Contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	09	/	2013

Transaction ID : 2EBECD9CD4F1E23168E

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Luke Messer for Congress

Mailing Address PO Box 917

City	State	Zip Code
Shelbyville	IN	46176

Purpose of Disbursement
2014 Primary

Candidate Name

Allan Lucas MesserOffice Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: IN District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	29	/	2013

Transaction ID : 7637B14C00A9C9DC5C1

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. McConnell Senate Committee '14

Mailing Address PO Box 1496

City	State	Zip Code
Louisville	KY	40201

Purpose of Disbursement
2014 Primary

Candidate Name

Mitch McConnellOffice Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: KY District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	09	/	2013

Transaction ID : BA23520F1D350DC7026

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 32 OF 34

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Michaud for Congress

Mailing Address 213 Lisbon St

City Lewiston	State ME	Zip Code 04240
------------------	-------------	-------------------

Purpose of Disbursement
2014 Primary

011

Candidate Name

Michael H. MichaudCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: ME District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		01		2013

Transaction ID : 938C2050E6F87DC1544

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Renee Ellmers for Congress Committee

Mailing Address PO Box 99567

City Raleigh	State NC	Zip Code 27624
-----------------	-------------	-------------------

Purpose of Disbursement
2014 Primary

011

Candidate Name

Renee Jacisin EllmersCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: NC District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		29		2013

Transaction ID : 516D2A5C600C955D7A3

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Searchlight Leadership FundMailing Address 700 13th Street NW
Suite 600

City Washington	State DC	Zip Code 20005
--------------------	-------------	-------------------

Purpose of Disbursement
2013 Contribution

011

Candidate Name

Searchlight Leadership FundCategory/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2013
☐ Primary ☐ General
☒ Other (specify) ▼
Contribution

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		29		2013

Transaction ID : 301104F80B7B7B2CBF8

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 33 OF 34

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Vern Buchanan for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		09		2013

Mailing Address PO Box 48928

City	State	Zip Code
Sarasota	FL	34230

Transaction ID : 1FEAA2534B2E56D608E

Purpose of Disbursement
2014 Primary

011

Amount of Each Disbursement this Period

Candidate Name

Vernon Buchanan

Category/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: FL District: 16

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		29		2013

B. Wyden for Senate

Mailing Address 232 NE 9th Avenue

City	State	Zip Code
Portland	OR	97232

Transaction ID : 529B4ED49C89A721611

Purpose of Disbursement
2016 Primary

011

Amount of Each Disbursement this Period

Candidate Name

Ron Wyden

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: OR District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		29		2013

C. Wyden for Senate

Mailing Address 232 NE 9th Avenue

City	State	Zip Code
Portland	OR	97232

Transaction ID : 8DD02866E2437022E24

Purpose of Disbursement
2016 General

011

Amount of Each Disbursement this Period

Candidate Name

Ron Wyden

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: OR District:

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

7000.00

35000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 34 OF 34

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Charles Barr

Mailing Address 301 E Muhammad Ali Blvd

City	State	Zip Code
Louisville	KY	40202-1511

Purpose of Disbursement
Refund of duplicate April contribution received

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		21		2013

Transaction ID : 8114FDFBBAF8F80BC98

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Eugene Gullingsrud

Mailing Address 7450 France Ave S Ste 100

City	State	Zip Code
Edina	MN	55435-4799

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		02		2013

Transaction ID : 3EBA97A35D25A2E0A9B

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. John Sutphin

Mailing Address 9310 State Line Rd

City	State	Zip Code
Leawood	KS	66206-1924

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		02		2013

Transaction ID : A03A386D0C00BA9A73F

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2000.00

2000.00
